

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

NETWORK APPLIANCE

Attorney Docket Number::

005313.00016

Request for Early Publication?::

NO

Request for Non-Publication?::

YES

Suggested Drawing Figure::

4

Total Drawing Sheets::

8

Small Entity?::

YES

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Chris  
Middle Name:: A  
Family Name:: Hopen  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 19805 15<sup>th</sup> Avenue NW  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gary  
Middle Name:: B  
Family Name:: Tomlinson  
Name Suffix::  
City of Residence:: Woodinville  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 14324 227<sup>th</sup> Avenue NE  
City of mailing address:: Woodinville

State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98072

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name::  
Family Name:: Brooke  
Name Suffix::  
City of Residence:: Gig Harbor  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 19715 124<sup>th</sup> Street KPN  
City of mailing address:: Gig Harbor  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98329

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Derek  
Middle Name:: W  
Family Name:: Brown  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US

Street of mailing address:: 847 Mango Avenue  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94087

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name::  
Family Name:: Burdge  
Name Suffix::  
City of Residence:: Renton  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 11101 148<sup>th</sup> Place SE  
City of mailing address:: Renton  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98059

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rodger  
Middle Name:: D.  
Family Name:: Erickson  
Name Suffix::

City of Residence:: Dunwoody  
 State or Province of Residence:: GA  
 Country of Residence:: US  
 Street of mailing address:: 1500 Biddle Court  
 City of mailing address:: Dunwoody  
 State or Province of mailing address:: GA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 30338

### **Correspondence Information**

Correspondence Customer Number:: 22909

### **Representative Information**

Representative Customer Number:: 22909

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name::  
 Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::